



ALABAMA MEDICAID AGENCY

PREFERRED DRUG LIST

As a result of legislation passed by the Alabama State Legislature in June 2003, the Alabama Medicaid Agency implemented a mandatory Preferred Drug List, effective October 1, 2003. Brand preferred drugs and, generics (with the exception of extended release amphetamine-dextroamphetamine, atovaquone, budesonide inhalation solution, buprenorphine products, carisoprodol products, clonidine patches, extended release clonidine, extended release dexamethylphenidate, extended release guanfacine, immediate release dexamethylphenidate, diazepam rectal kit, lidocaine topical patch, lindane, modafinil, omeprazole-sodium bicarbonate, and tobramycin inhalation solution) and over-the-counter (OTC) drugs covered by Medicaid are available without prior approval. If a non-preferred drug is ordered, the practitioner will need to obtain prior authorization (PA). If approval is given to dispense the non-preferred drug, an authorization number will be provided. Antipsychotic and HIV/AIDS drugs are exempt from this requirement.

Below is an alphabetical listing of brand preferred products on the PDL. The drug name denotes all dosage forms and strengths unless noted. An asterisk (*) denotes a generic is available in at least one dosage form or strength. All covered OTC drugs and generic products (unless otherwise specified) are considered preferred. For a more complete list including non-preferred brands and more information concerning the PDL, please visit our website at www.medicaid.alabama.gov.

Actos*	Janumet	Relenza [†]
Adderall XR*	Janumet XR	Ritalin*
Aerospan	Januvia	Serevent Diskus
Aricept*	Jentadueto	Sklice
Aricept ODT*	Kapvay*	Spiriva
Asmanex Twisthaler	Kombiglyze XR	Strattera
Atrovent HFA	Lantus	Tamiflu [†]
Bactroban Nasal	Lantus Solostar	Tobi*
Beconase AQ	Levemir	Tobrex*
Bethkis	Lidoderm*	Tradjenta
Blephamide	Menest	Ulesfia
Blephamide S.O.P.	Mentax	Vyvanse
Catapres-TTS*	Mepron*	Zovirax (cream only)
Capex Shampoo	Nasonex	
Cenestin	Niacor	
Cipro HC	Nitro-Bid	
Ciprodex	Nitrostat	
Combivent Respimat	Novolog	
Coumadin*	Novolog Mix 70-30	
Daraprim	Onglyza	
Diastat*	Oxytrol	
Diastat Acudial*	Pataday	
Dulera	PegIntron	
Elidel	Prandin*	
Focalin*	Premarin (tabs only)	
Focalin XR*	ProAir HFA	
Humalog	Proventil HFA	
Humalog Mix 50-50	Provigil*	
Humalog Mix 75-25	Pulmicort Respules*	
Intuniv*	QVAR	

[†]The preferred status of this product is contingent upon statewide influenza epidemiology status as reported by the CDC. Effective 10/1/2015